

APSAALOOKE NATION DEPARTMENT OF EDUCATION

P.O. Box 250 Crow Agency MT 59022 (406)679-2143

Calvin Herrera, Education Cabinet Head

Roberta Bird, AVT/Higher Ed. Scholarship Coordinator
Job Training & Placement Coordinator

25 CFR 26.5 (C): YOU MUST BE UNDEREMPLOYED OR UNEMPLOYED TO QUALIFY FOR FUNDING. THESE FUNDS ARE USED FOR COSTS OF OBTAINING SKILLS TO RETAIN A JOB LEADING TO SELF-SUFFICIENCY.

2019-2020

Crow (AVT) / Job Training

Crow Tribe Job Placement and Training, BIA Model Contract Agreement Contract No. A12AV00409

Program Application

PO Box 250
Crow Agency, MT 59022

PHONE: (406) 679-3008

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- Applications submitted before deadline will have priority status.
- Applications submitted after deadline will be placed on waiting list.
- Please be aware CROW (AVT) JOB TRAINING has **limited funding available**.

25 CFR PART 26

Updated 10-25-2017

- ❖ A complete (2019-2020) Crow AVT / Training application §26.32(a) _____
- ❖ A letter of acceptance from the college or training facility you will attend §26.32(e) _____
- ❖ High School Transcripts with completion date/GED Transcripts (New H.S. graduates please submit a copy after your graduation date) _____
- ❖ **Continuing students need to submit an updated copy of an Official Transcript, Class Schedule and Plan of Study** §26.32(f) _____
- ❖ Financial Needs Analysis: _____
 (Student fills out Part I of the Needs Analysis and sends it to the financial aid office in which
 Where you will attend. The financial aid office will fill out Part II and send the form to our office.)
 Please note you need to submit your FASFA which determines your eligibility.
- ❖ (CIB) Certificate of Indian Blood, or Crow Tribal ID §26.32(c) _____
- ❖ Personal letter of request _____
- ❖ Selective Service new requirement (Males only) §26.32(d) _____
- ❖ ISP new requirement §26.32(b) _____
- ❖ Proof of residency for the last six months §26.5(b) _____
- ❖ Class Schedule _____
- ❖ Received AVT/Jobs counseling after the file is complete §26.32(g) _____
- ❖ File Completion _____

For further questions, please call (406) 679-2143 or (406) 679-3008.

You are personally responsible to make sure these documents are in your file. All of these forms must be turned into the Crow AVT Office before your application can be processed.

APPLICATION PROCEDURE FOR ADULT VOCATIONAL TRAINING / JOBS

The Crow adult vocational training program provides supplemental financial assistance to eligible Native Americans to attend an approved accredited vocational/Technical school or Junior college. Applicants must complete the following steps, to ensure that your applications for financial assistance can be processed in a timely manner. Remember: The Crow Adult Vocational Training/Program Application must be completed. An official transcript and current class schedule must be submitted after every quarter/semester, for continuing students. A Plan of Study also needs to be submitted upon acceptance into program.

1. To determine eligibility for funding each student must complete a Crow AVT program application.
2. Application for admission and required fees are the student's responsibility. Application for admission should be made at the same time as the AVT/Training application. Both should be done early.
3. Students must provide the Crow adult vocational training program with a High School Diploma/Transcripts or GED certificate. If the student previously attended school, an official transcript is required.
4. Students must furnish the Crow adult vocational training Jobs program with a copy of an official acceptance letter from the school they plan to attend.
5. Applications must be full time students. **Students must maintain a GPA of 2.0 with a minimum of 12 credits per quarter/semester to continue satisfactory eligibility requirements. Remember the Crow Tribal AVT/ Program is for 24 Months and you need to follow a plan of study so you can complete your field of study in the allotted time.**
6. Crow AVT funding award is based on the student's "financial needs analysis". Students must apply and complete the financial aid process for the school. This determines your unmet need.
7. Each institution processes financial aid awards. Each school will recommend to the Crow adult vocational training / Jobs program to fulfill a portion of the student's education costs (UNMET need).
8. **A complete financial aid packet application is mandatory before a determination of financial UNMET need is made.** Financial aid Applications must be completed sixty days prior to student's enrollment date. Filing out an application and filing on the Internet will save you time.
9. Remember – it is the **student's responsibility** to:
 - A. Apply for admission and pay any required deposit
 - B. Complete the financial aid process to obtain the financial aid award letter dormitory/housing
 - C. Complete their file at the Crow Adult Vocational Training Program.
10. Applicants for the Crow Adult Vocational Training must reside on or near the boundaries of the Crow Indian Reservation. On or near is defined according to the Crow Indian Agency's Social Service area, which include the Crow Reservation and the Community of Hardin, which is adjacent to the Crow Reservation.

RECOMMENDED ACADEMIC PROGRESS

| Academic Standing | Minimum Credits for First Quarter/ Semester * | Minimum Credits for Second/ Quarter/ Semester * | Minimum Credits for Third Quarter* | Minimum Credits for Year (Quarter/ Semester)* | Cumulative Credits expected after each year |
|-------------------|--|---|------------------------------------|--|---|
| Freshman | 12 | 12 | 12 | 36/24 | 36/24 |
| Sophomore | 16 | 16 | 16 | 48/32 | 84/56 |
| Junior | 16 | 16 | 16 | 48/32 | 132/88 |
| Senior | 16 | 16 | 16 | 48/32 | 180/120 |

***Students must earn a minimum of a 2.0 grade point average each term**

NOTE: The Apsaálooke Nation Education Grants program will only fund one of the following types of degrees: One Year Certificate; AVT/Vo-Tech; AA/AS/AAS; BA/BS; Master and Ph.D. Once a student has earned their one year certificate or an AA/AS/AAS, they are expected to continue onto their BA/BS and if desired, on to graduate school. Our department is committed to your continuing education endeavors. Therefore, it was the decision of the Education Committee to **ONLY** fund **ONE** degree, (example, an AA/AS/AAS) from either of one of these degree(s) advance into a BA/BS program and further on to a graduate program, Master or Ph.D.

COMPLETION REQUIREMENTS

Upon completion of the training program, the individual must submit a copy of their final transcript and certification or diploma to the Crow Adult Vocational Training program.

ADULT VOCATIONAL TRAINING PROGRAM APPEALS PROCESS

A Student has the right to appeal a decision made by the Crow Adult Vocational Training program to the Crow Tribal Education Committee within (5) working days of the receipt of the letter rendering a decision such as academic suspension, academic probation, any change of funding level and repayment in the event the student has to pay back due to dropping out early.

The student must appeal in writing with supporting documents to the Crow Tribal Education Committee, **P.O. Box 250 Crow Agency, and MT. 59022.**

The Crow Tribal Education Committee will address the appeal at their next monthly meeting and rule on the final decision. The decision from the Crow Tribal Education Committee is final.

CROW ADULT VOCATIONAL TRAINING

APPLICATION FOR TRAINING

Information Record

Name (last, first, middle initial)

Mailing Address

Physical address/home location for residency requirements

Date of Birth

Social Security #

Telephone No.

Email Address

Marital Status: ___Single ___Married
___Divorced ___Separated

___Widow

No. Of Dependants_____

Veteran ___ Y ___N

Dependants who will be living with applicant at destination:

Name

Relationship

Birth date

In case of Emergency: _____

Name

Address

Phone

Education

Highest Grade Completed: _____

Name of School

Date Attended

Telephone No.

Type of **Training/Major/Career Choice** you are interested in: _____

School you will be attending: _____

Do you have any physical limitations that would interfere with your training or employment? ___Y
___N

If yes, please explain _____

Have you had previous training? ___Y ___N

If yes, please explain _____

Training or Employment location desired: _____

Course No. And Title: _____

School and Address: _____

Employment Record: (List your last three periods of employment)

1. From _____ To _____ Employer Name & Address:

Job Title: _____ Description of Duties: _____
Reason for leaving: _____

2. From _____ To _____ Employer Name & Address:

Job Title: _____ Description of Duties: _____

Leaving: _____ Reason for

To be signed by the applicant:

I hereby agree to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course, which I have selected. I further agree that the funds issued for my training purposes by the Crow Adult Vocational Training Program will be only for that purpose or repayment will be made by me. **I understand that if I am eligible for other training funds, such as the Pell Grant etc., this will be included when computing my Financial Aid package. I further agree to use those funds for the purpose intended.** I authorize the school to release any information needed to the Crow Adult Vocational Training Program.

Signature of Applicant

Date

Privacy Act and Paperwork reduction Act Statement:

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 stat 208) and P.L. 84-959 (70 stat 986) as amended by P.L. 88-230 (77 stat 471, 25 U.S.C. 309).

2. Disclosure of the requested information by the applicant is voluntarily, but required to obtain benefits.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is for the Crow Adult Vocational Training/Direct Employment Program and school counselors to evaluate your request and to assist you before and during your training. After completion of training, parts or all of the information in your application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in this application.

I have read the above statement and I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Applicant Signature

Date

Interviewer Signature

Date

AUTHORIZATION AND AGREEMENT FORM

I hereby agree to attend classes on a regular basis and to carry at least 12 credits or the equivalent each school term and to the best of my ability, satisfactorily complete the course, which I have selected. I also agree that the funds issued for my training purposes will be used for training purposes only or **REPAYMENT** will be made to the Crow Adult Vocational Training/Jobs Program. I understand that any and all Federal funding available to me will be included when computing my financial aid package and I agree to use these funds for the purposes intended. I authorize the school to release my grades, attendance and income information to the Crow Adult Vocational Training Program.

Signature of Applicant

Date

I further agree to authorize the Crow Adult Vocational Training Program personnel to request and receive personal income information from the following sources:

Sign each line that applies to you

1. Social Security Administration
2. Department of Public Welfare
3. Veteran's Administration
4. Bureau of Indian Affairs
5. (Other)

**Crow Tribal Education Department
Crow Adult Vocational Training Program Needs Analysis
P.O. Box 250**

Crow Agency, MT 59022
Phone (406) 679-3008

I. TO BE COMPLETED BY THE STUDENT:

Name: _____ Social Security No. _____

Home address: _____
Street or P.O. Box City State Zip

Length of Residency: _____ Telephone: _____

Year in College: _____ Major: _____ Marital Status: ___S___M___D___W

Number of Dependents: _____ Vocational Goal: _____

II. TO BE COMPLETED BY THE FINANCIAL AID OFFICER

This student has applied with the Crow Adult Vocational Training / Jobs Program. Verified financial need information is required from your office before we can take action on the student's application. We appreciate your assistance if you would complete and forward this form to our office.

Budget Period: From _____ to: _____, which will start _____

This student is considered: Independent _____ Dependent _____

EXPENSES

Tuition _____
Fees _____
Book/Supplies _____
Room/Board _____
Transportation _____
Personal _____
Child Care _____
Other _____

TOTAL: \$ _____

RESOURCES

EFC (parent/student contribution) _____
FEDSEOG _____
FEDPELL _____
FEDPERKINS _____
FEDCWS _____
Leveraging Educational _____
Assistance Partnership (LEAP) _____
State (Indian) _____
Voc. Rehabilitation _____
VA _____
Scholarships _____
Other _____

TOTAL: \$ _____

We recommend that the Crow Adult Vocational Training Program consider awarding this student \$ _____

Financial Aid Officer

Date

Telephone

Name of Institution

Address

Zip



CROW TRIBE JOB PLACEMENT AND TRAINING PROGRAM BIA Model Contract
Agreement Contract No. A12AV00409

INDIVIDUAL SELF-SUFFICIENCY PLAN (25 CFR §26.18 (e))

APPLICANT NAME: _____ DATE OF PLAN _____

I understand the purpose of this Individual Self-Sufficiency Plan (ISP) is to meet the goal of becoming employable through specific action steps. I understand that I am required to follow the steps developed in this ISP and I must participate in activities developed in the plan that will promote my self-sufficiency. I also understand that if there are any changes to be made that I will contact the Crow Tribe Job Placement and Training Office in a timely manner to ensure my success.

GOALS FOR SELF SUFFICIENCY

What is your short-term employment goal(s) to be self-sufficient?

What is your Long-term employment goal to be self-sufficient?

BARRIERS TO STUDENT/TRAINEE REACHING SELF SUFFICIENCY:

IDENTIFY STRENGTH STUDENT/TRAINEE REACHING SELF SUFFICIENCY:

Identify Strength: _____

STEPS NEEDED TO ACHIEVE SELF SUFFICIENCY:

| WORK ACTIVITIES | EDUCATION/TRAINING | OTHER ACTIVITIES |
|---|--|--|
| <input type="checkbox"/> Job Search | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Life Skills Instruction |
| <input type="checkbox"/> Employment: full-time or part time | <input type="checkbox"/> GED | <input type="checkbox"/> Parenting Workshop |
| <input type="checkbox"/> Volunteer Work Experience | <input type="checkbox"/> GED Prep | <input type="checkbox"/> Child Care Assistant |
| <input type="checkbox"/> Job shadowing | <input type="checkbox"/> AVT Jobs & Training | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> On-the-Job-Training | <input type="checkbox"/> Literacy Improvement | <input type="checkbox"/> Vocational Assessment |
| <input type="checkbox"/> Job Readiness | <input type="checkbox"/> Employment counseling | <input type="checkbox"/> Drug/Alcohol Treatment |

| | | |
|---|---------------------|----------------|
| SELF SUFFICIENCY ACTION PLAN & GOALS | | |
| GOAL #1 | | |
| Goal #1 Revised | | |
| ACTION STEPS FOR GOAL #1 | DATE TO BE ACHIEVED | DATE COMPLETED |
| 1. | | |
| 2. | | |
| GOAL #2 | | |
| Goal #2 Revised | | |
| ACTION STEPS FOR GOAL #2 | DATE TO BE ACHIEVED | DATE COMPLETED |
| 1. | | |
| 2. | | |
| GOAL #3 | | |
| Goal #3 Revised | | |
| ACTION STEPS FOR GOAL #3 | DATE TO BE ACHIEVED | DATE COMPLETED |
| 1. | | |
| 2. | | |
| JOBS & TRAINING COORDINATOR AND STAFF ACTIVITY WITH TIME FRAME (25 CFR 26.23) | DATE TO BE ACHIEVED | DATE COMPLETED |
| 1. | | |
| 2. | | |

Signature of Applicant

Date

Signature of Jobs & Training Coordinator

Date